

Application or Doc. Number
09/550963
 OTHER FEE
 SMALL ENTITY

CLAIMS AS FILED - PART I

(Column 1) (Column 2) (Column 3)

FOF	NUMBER FILED	NUMBER PRESENT
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE	OR	RATE	FEE
	395			790
		OR		
		OR		
		OR		
		OR		
TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

(Column 1) (Column 2) (Column 3)

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	14	20
Independent (37 CFR 1.16(b))	2	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
9		OR	18	
44		OR	88	
150		OR	300	
TOTAL		OR	TOTAL	

AMENDMENT B

(Column 1) (Column 2) (Column 3)

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		
Independent (37 CFR 1.16(b))		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
9		OR	18	
44		OR	88	
150		OR	300	
TOTAL		OR	TOTAL	

AMENDMENT C

(Column 1) (Column 2) (Column 3)

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		
Independent (37 CFR 1.16(b))		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
9		OR	18	
44		OR	88	
150		OR	300	
TOTAL		OR	TOTAL	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20251. DO NOT SEND LIES OF COMPLETE INFORMATION TO OTHER AGENCIES. SEND TO: Assistant Commissioner for
 Patents, Washington, DC 20231

11-8-04
 J.D.